

11740 SW 68th Parkway Ste. 250 Portland, OR 97223 Office: (503) 726-5260

March 12, 2019

Oregon's Voice for Long Term Care & Senior Housing

Subject: Agenda Item #233 – Proposed ordinance allowing Portland Fire & Rescue to charge fees for non-emergent lift assist responses to Oregon licensed care facilities

Dear Mayor Wheeler and City Commissioners:

On behalf of the approximately 100 state-licensed care facilities we represent in the City of Portland, the Oregon Health Care Association, <u>urges your support for the proposed amendments</u> to the ordinance.

OHCA testified before the Council on the proposed ordinance on February 27, 2019, and expressed concerns with several provisions in the ordinance. Following the commission meeting, OHCA representatives met with Chief Gillespie and members of his team at Portland Fire & Rescue. We had a good discussion and were able to come to consensus with PF&R on some language changes that are reflected in the proposed amendment. These changes include:

- A graduated fee schedule, starting at \$200 for the first non-emergent lift assist call during a calendar year; \$450 for the second non-emergent lift assist call; and \$850 for the third, and any subsequent calls, during a calendar year.
- Adding an appeal provision to the ordinance, so any facility who is assessed a fee has the right to
 appeal the fee to the Chief, or their designee, if there are extenuating circumstances. This provision
 addresses our concerns regarding a lack of due process in the original ordinance.
- A number of other mostly technical language changes, making definitions consistent with state licensing OARs, and clarifying procedures around individuals with cognitive impairment, or individuals who refuse treatment.

We wish to acknowledge the efforts of Chief Gillespie and his team at PF&R for their collaboration on the proposed amendment. They were great to work with. We also wish to thank Commissioner Hardesty and her policy director, Derek Bradley, for all of their assistance and responsiveness on this matter.

We urge the Council to adopt the proposed amendment and are pleased to offer our support for the ordinance. We are committed to working collaboratively with PF&R on helping to educate the provider community about the new ordinance and work with them on its effective implementation.

Sincerely,

Jim Carlson, President Oregon Health Care Association



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February 26, 2019

Subject: Agenda Item #171 - Proposed Ordinance to Levy Fees for EMS calls to State Licensed Care Facilities

Dear Mayor Wheeler and City Commissioners:

On behalf of the over 100 state-licensed care facilities we represent in the City of Portland, the Oregon Healthcare Association respectfully requests you defer action on the proposed ordinance as drafted and consider alternative approaches to address inappropriate EMS utilization.

Over 6,400 individuals require round-the-clock care and supports in state licensed facilities each day in Portland. These individuals are older, disabled and disproportionately low-income, with many relying on Medicaid to pay for the care they require. Many have complex medical needs and functional limitations, or suffer from age-related dementia.

We have a number of specific concerns with the policy being considered:

- The ordinance has significant potential to harm vulnerable individuals by discouraging caregivers to call EMS due to concerns about the hefty fines.
- Non-licensed or certified caregivers do not know whether or not an individual will require hospital transport at the time an EMS call is made.
- The ordinance penalizes licensed providers for EMS calls made by individuals without the providers' knowledge.
- The ordinance assesses significant fines with no review or due process.
- Fines levied under this ordinance equate to almost 10 times the daily base service rate (\$51.63 a day) a licensed residential care provider receives in payment to care for an individual receiving Medicaid.
- There was no apparent notice provided to stakeholders about the proposed ordinance prior to consideration by the council.

Other fire districts have addressed similar concerns in a collaborative fashion with policies that don't jeopardize the health, safety and welfare of vulnerable citizens. We urge the council to defer action on the proposed ordinance and consider alternative approaches such as that taken by the City of Redmond, or collaborative efforts such as those taken by Tualatin Valley Fire and Rescue.

Sincerely,

Jim Carlson, President Oregon Health Care Association